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To Attn: Examiner Michael A. Brown, Group 3764

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Date February 28, 2006 Pages including cover 11

Subject Response to Official Action

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Re: Application of Michael Birsha DAVIES
U.S. Serial No.: 09/914,999 Filed: November 13, 2001
Title: *Dose Protector for Inhalation Device*
Attorney Docket No. PG3619USw

Attached:

1. Transmittal form with Certificate of Transmission
2. Amendment with Request for Extension of Time (1-month)

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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/914,999	
	Filing Date	November 13, 2001	
	First Named Inventor	Michael Birsha DAVIES	
	Art Unit	3764	
	Examiner Name	Brown, Michael A.	
Total Number of Pages in This Submission		Attorney Docket Number	PG3619USw

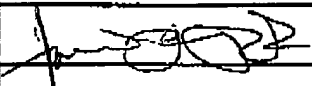
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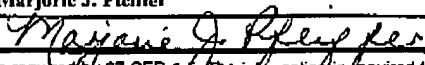
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James P. Riek Registration No. 39,009 Tel.: (919)483-8022
Signature	
Date	February 28, 2006

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Marjorie J. Pfeiffer		
Signature		Date	February 28, 2006

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Applicant : DAVIES, Michael B.
Application No. : 09/914,999
Filed : 11/13/2001
Title : DOSE PROTECTOR FOR INHALATION DEVICE

Grp./A.U. : 3764
Examiner : BROWN, Michael A.

Docket No. : PG3619USW

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Commissioner for Patents
P.O. Box 1450
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AMENDMENT D

This Amendment is in response to the Office Action dated 1 November 2005. Applicant hereby requests a one (1)-month extension of time to extend the response period up to and including 1 March 2006. The Commissioner is hereby authorized to charge such fees to Deposit Account No. 07-1392.

Amendments to the Claims appear on page 2 of this document.

Remarks/Arguments appear on page 7 of this document.

The Conclusion appears on page 9.

Please amend the above mentioned application as follows: